

Office of the Controller of Examinations  
Amrita School of Engineering, Coimbatore – 641112.  
**Revaluation Application Form**

Date: \_\_\_\_\_

Name of the Student:

Roll No.               :

Semester               :

Branch                 :

Courses for which Revaluation is sought for:-  
(Course Code & Title)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Student's Signature

Recommendation of the Chairperson

Signature of the Chairperson with seal

Note:

1. Revaluation form to be submitted within **5 working days** immediately after the publication of results to the Exam office, at Room No. **C - 208**.
2. Applicable only for theory courses.
3. To be submitted along with a DD for **Rs. 300/** per course in favor of "**AMRITA VISHWA VIDYA PEETHAM**" payable at Coimbatore.